

### MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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50						
TOTAL IND.	7					
TOTAL DEP.	1					
TOTAL CLAIMS	3					

CLAIMS

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						